

## Election of Coverage

### Federal Employees Retirement System

#### Section 1. Instructions for Employee

- Complete this form **only** if you wish to elect FERS coverage. If you wish your current coverage to continue, take no action.
- Read information on back of Part 3.
- Make your election in Section 4.
- Complete Section 5.
- Be sure to sign and date in Section 6.

- Return Parts 2 and 3 according to your employing office's instructions.
- Be sure to read your FERS Transfer Handbook.
- If you elect FERS, any CSRS designation of beneficiary (SF 2808) is cancelled. If you want to make a new designation of beneficiary, use SF 3102.

#### Section 2. Identifying Information *(type or print)*

Name <i>(Last, first, middle)</i>	Date of birth <i>(mo, dy, yr)</i>	Social Security Number
Employing Department or Agency	Agency location <i>(City, state, ZIP Code)</i>	

#### Section 3. Verification of Receipt of Election Form (Employee's signature in this section verifies receipt of this form. It does not constitute an election.)

Employee's signature	Date	Office telephone number
----------------------	------	-------------------------

#### Section 4. Election Place your initials in the box to indicate that you want FERS coverage.

<input style="width: 50px; height: 30px;" type="checkbox"/>	I elect FERS coverage. I understand that I will be covered by (1) the Basic Benefits of FERS, (2) the Old Age, Survivors, and Disability Insurance programs of Social Security and (3) the Thrift Savings Plan. I authorize withholdings from my pay for FERS and Social Security purposes. I understand that this decision is irrevocable.
---	---

#### Section 5. Former Spouse Information

Do you have a living former spouse to whom a court order, on file at OPM, awards a portion of your annuity or, if the former spouse has not remarried before age 55, survivor benefits based on your Federal service?

- ☐ Yes → Attach OPM Form 1556, Former Spouse's Consent to FERS Election, your request for waiver of consent requirement, or your request for extension of election deadline in order to modify court order.
- ☐ No
- ☐ I don't know if a court order is on file at OPM. I request OPM to determine whether a qualified court order is on file.

#### Section 6. Employee's Certification

I hereby certify that all statements made on this election are true to the best of my knowledge.

Signature	Date
-----------	------

**Warning:** Any intentional false statement in this election or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 USC 1001)

**For Agency Use Only** →

Date of receipt by agency